

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/674237

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/		/		/	
8		/		/		/
9		18		1		1
10		21		1		1
11	/		/		/	
12	/		/		/	
13	/		/		/	
14		/		/		/
15		/		/		/
16	/		/		/	
17	/		/		/	
18		/		/		/
19		13		1		1
20	/		/		/	
21		/		/		/
22		/		/		/
23		/		/		/
24		/		/		/
25		/		/		/
26	/		/		/	
27		/		/		/
28		17		1		1
29		21		1		1
30	/		/		/	
31	/		/		/	
32	/		/		/	
33		/		/		/
34	/		/		/	
35	/		/		/	
36	/		/		/	
37		/		/		/
38		13		1		1
39	/		/		/	
40	/		/		/	
41	/		/		/	
42		21		1		1
43	/		/		/	
44	/		/		/	
45	/		/		/	
46	/		/		/	
47	/		/		/	
48	/		/		/	
49	/		/		/	
50		/		/		/
TOTAL IND.	26					
TOTAL DEP.	23					
TOTAL CLAIMS	49					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57	/		/		/	
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95						
96						
97						
98						
99						
100						
TOTAL IND.	26		26			
TOTAL DEP.	32		25			
TOTAL CLAIMS	58		51			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS